

REQUEST FOR ADDING ITEM TO STORES STOCK

TO:		FROM (OFFICE SYMBOL):		DATE:	
ITEM NAME:		SIZE AND TYPE OF MATERIAL:		PART NUMBER:	
NAME OF MANUFACTURER:		UNIT COST:	UNIT OF MEASURE:	SPECIFICATION NUMBER:	
QUALITY INSPECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBSTITUTION: <input type="checkbox"/> IS AUTHORIZED <input type="checkbox"/> IS NOT AUTHORIZED		SOLE SOURCE JUSTIFICATION: <input type="checkbox"/> IS ATTACHED <input type="checkbox"/> IS NOT ATTACHED		
MONTHLY QUANTITY REG.:	ANNUAL QUANTITY REG.:	INITIAL REQUIREMENT:	DATE REQUIRED:	ITEM HAS A SHELF LIFE OF: <div style="text-align: right;">MONTHS</div>	
THIS ITEM WILL REPLACE AN ITEM CURRENTLY IN STORES STOCK (GIVE ITEM NOUN NAME AND STOCK NUMBER): IF NOT CHECK HERE <input type="checkbox"/>					
SIGNATURE OF REQUESTER AND TELEPHONE NO.:		SIGNATURE OF REQUESTER'S DEPARTMENT MANAGER AND OFFICE SYMBOL:		DATE:	
NAME OF PROGRAM THAT ITEM WILL BE USED ON:					
APPROVED FOR STOCKAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE OF GROUP LEAD, PROPERTY MANAGEMENT GROUP:			DATE:	
JUSTIFICATION/COMMENTS:					
INVENTORY MANAGEMENT		CATALOGING		ACTIVITY SUPPLY OFFICE	
AMD: _____ ORDER QTY: _____ UNIT OF MEAS.: _____ DATE: _____ INVENTORY MANAGER: _____ LOCATION:	SOS: _____ AAC: _____ QUP: _____ U/I: _____ U/P: _____ SLC: _____ STOCK NO.:		NAME: _____ ORG.: _____ BADGE NO.: _____ SAWS: _____ TABLE CODE: _____ W/O: _____ QTY.: _____ DATE REQ.: _____ BUILDING NO.: _____ ROOM NO.: _____ DATE D/O SET UP: _____		